ISSUE STIP STATE AREA (for additional o 09/437,034 ID NO. DATE INITIALS **CONTROL** -3 30 FEE DETERMINATION 2-5-99 10 O.LP.E. CLASSIFIER 2/423 FORMALITY REVIEW INDEX OF CLAIMS N Ā (Through numeral)... | Color | Colo | Section | Sect If more than 150 claims or 10 actions staple additional sheet here -

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